

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	b					
3	1					
4		1				
5		✓				
6		✓				
7		1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.					
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TOTAL CLAIMS					